

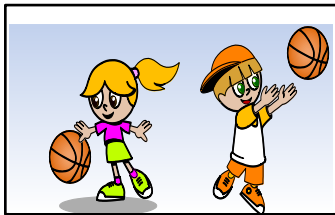
Stay and Play at Meadow Hall E.S.



Pullback Car Frenzy (New)

This course is designed to stimulate problem solving, creativity and is jam packed with science! Students will build 6 cars using a design pamphlet and then will be challenged to design new vehicles using the same pieces, becoming mini engineers. Class time will include participation in experiments designed to demonstrate science and engineering concepts and laws such as gravity, potential energy and kinetic energy. Students will keep each car they build!

GRADES	COURSE #	DATES	TIME	COST	REGISTER BY
1-3	49078	Thurs. 11/13-12/11	3:05-5:10 p.m.	\$105 R/\$115 NR	Thurs., 10/30



Co-Ed Basketball

Improve your basketball skills while having fun with friends in this after school program. Learn rules of the game, ball control, and experience game-like situations while practicing good sportsmanship.

GRADES	COURSE #	DATES	TIME	COST	REGISTER BY
2-5	49076	Tues. 11/18-12/16	3:05-4:15 p.m.	\$49 R/\$55 NR	Tues., 11/11



Zumbatastic

This class delivers easy-to-follow dances with the perfect blend of upbeat kid friendly hip-hop and pop music making for a total body workout that feels like a celebration. This is a great class for kids to build confidence, get their heart rates up while still having blast. Bring a smile and some energy as we Dance Dance our way to better health.

GRADES	COURSE #	DATES	TIME	COST	REGISTER BY
K-5	50033	Fri. 11/14-12/19	3:05-3:55 p.m.	\$59 R/\$69 NR	Tues., 11/4

To Register: Complete the form on the back.

Mail to: 111 Maryland Ave., Rockville, MD 20850 or fax to: 240-314-8659.

Register online at rockenroll.rockvillemd.gov.

For more information, email recreationclasses@rockvillemd.gov

Stay and Play Registration Form

MAIN CONTACT: *required information

*Home/Cell Phone: _____ ☐ Check here if new address/phone since last time registered.

*Last Name _____ First Name _____ DOB: / / Sex: M/F

*Address: _____

*City/State/Zip _____

*Work Phone _____ * Email Address: _____

EMERGENCY CONTACT: (other than parent or adult participant)

First Name _____ Last Name _____ Phone _____

PARTICIPANTS:

Name (Last, First)	Sex M/F	Birthdate M/D/Y	Activity/ Class Name	Course #	School Attending	Grade	Fee

Additional Contribution to Recreation Fund: \$ _____

Total: \$ _____

Special Needs: Participants with special needs should contact our office three weeks prior to activity.

Release, Waiver, Assumption of Risk and Consent

Participation in the program may be a hazardous activity. Participant should not participate in the program unless participant is in good physical shape and is medically able. Participant (or parent or guardian on behalf of a minor child participant) assumes all risks associated with participation in this program, including but not limited to, those generally associated with this type of program, the hazards of traveling on public roads, of accidents, of illness, and of the forces of nature. In consideration of the right to participate in the program and in further consideration of the arrangement made for the participant by the Mayor and Council of Rockville through its Department of Recreation and Parks for food, travel, and recreation, the participant, his or her heirs, and executors, or a parent or guardian on behalf of a minor child participant, agrees to release and indemnify the Mayor and Council of the City of Rockville and all of its agents, officers and employees, from any and all claims for injuries or loss of any person or property which may arise out of or result from participation in the program. The participant (or the parent or guardian on behalf of a minor child participant) grants permission for a doctor or emergency medical technician to administer emergency treatment of the participant and consents to the City's use of photographs taken or videotapes made of the program that include the participant. Neither the instructor nor any of the staff are responsible for participants prior to or after the scheduled program.

*Signature of Participant/Guardian _____

PAYMENT (Make checks payable to: City of Rockville)

Amount Paid \$ _____ Cash ☐ Check # _____

☐  ☐  _____ Exp. Date ____/____

Signature (name on card) _____

OFFICE USE ONLY:

Check _____ Cash _____ Charge _____

Other _____

Processed by: _____

Date Processed: _____

Total Paid: \$ _____